

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 43279  
Registrar's No. 178

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KY</u> b. COUNTY <u>X160</u>	
b. CITY (If outside corporate limits, write RURAL and give township) - TOWN <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. ROSSIN KY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None traveling</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>LYNNE</u> c. (Last) <u>COLLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>NOV - 7-1949</u>		9. AGE (In years last birthday) <u>1</u> If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>		11. BIRTHPLACE (State or foreign country) <u>ALGER - HADIN Co. Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Loy COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>MAYNIE STONE</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Loy Collins</u>		18. ADDRESS <u>Alger Ky, RR</u>		19. MEDICAL CERTIFICATION <u>Tobacco Pneumonia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tobacco Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH  <u>490X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>First</u> , 19 <u>50</u> , until <u>after</u> the deceased alive on <u>19</u> , and that death occurred at <u>my</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Slide Top 3 Coroner</u>	
23b. ADDRESS <u>Sikeston Mo</u>		23c. DATE SIGNED <u>12/1/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>12-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rossain Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rossain Ky</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>		25. ADDRESS <u>---</u>	
DATE REC'D BY LOCAL REG. <u>12-12-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

RECEIVED **DEC 18 1950**  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1250-16

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**